



Michigan Dental Assistants Association  
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Senator Mike Shirkey  
P.O. Box 30036  
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September 12, 2016

Dear Senator Shirkey,

As an association of dental assisting professionals we have an interest in all policies that address Michigan's access to dental care issue. We have read and discussed Senate Bill 1013 and firmly believe that it is not the answer to helping bring quality dentistry to the underserved populations. Therefore, I must state that our association adamantly opposes the bill.

As healthcare professionals our primary concern is for our patient's health and safety. With the adoption of whole health format, a tiered provider format offers impoverished populations a decreased level of care. Our board feels that the access to care issue is not due to a shortage of dental professionals. We acknowledge that there are areas that go unserved. That is why our organization partnered with the Michigan Dental Association, and Michigan Dental Hygienists Association and worked very hard to provide free dental care through the Mission of Mercy Events. All three events held in 2013, 2014 and 2016 did not meet the capacity expectations. So even when there was an abundance of providers, the patients did not come forth. The issues may be more about finances, transportation, education, communication and social problems rather than a workforce issue.

We do not believe that adding another type of provider into the mix will actually provide adequate results. There is already confusion regarding which auxiliary can perform which tasks and we feel that utilizing our existing workforce is a viable option. Statistics from other states that have implemented this type of program indicate that the mid-tier providers are not contributing significantly to improvements in access to care issues and in fact may be contributing to a decrease in the workforce. The issue of reimbursement for services remains a barrier in the private practice and in programs trying to address the issue. Any provider expects to make a living and for the most part we feel that these proposed Mid-level providers will end up working in traditional dental offices and not in the areas where the need is. We feel we have enough providers in our state. Expanding the current workforce with some minor rules changes and putting into place plans to get them paid for the work they do is the key.

In the meantime, the MDAA board will be addressing our own profession and taking a hard look at what we can do to assist with the need in Michigan. To date we have approximately seventeen hundred

licensed dental assistants, however there are over ten thousand additional dental assistants with varied levels of education and on the job training who could be entered into the equation to help with this very serious issue. We may have to get creative in promoting our profession and marketing the licensed dental assistant to dental offices to encourage them to send their currently employed, on the job trained assistants, to college. In addition, perhaps PA 161 program rules can be changed to allow licensed assistants to practice more effectively in PA 161 programs and expand the hygienists duties in the PA 161 program so they may take on a greater role in caring for the underserved.

Our goal is to serve and protect the public and ensure that all Michiganders have adequate healthcare. We very much appreciate your interest in trying to find a solid solution to the problem, but do not feel that adding another provider such as the Dental Therapist is the answer. More discussion from all parties of interest may be necessary to find a solution that works for Michigan.

Sincerely,

Lori Barnhart, CDA, RDA, FADAA  
President, Michigan Dental Assistants Association

Cc: Committee on Health Policy